

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **VOLUNTEERS FOR SHIMKUS**

Mailing Address PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D93715

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial) **FRIENDS OF LOIS CAPPs**

Mailing Address 38 Ivy St SE

City
Washington

State
DC

Zip Code
20003-4006

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D93712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial) **CAPUANO FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 440305

City
SOMERVILLE

State
MA

Zip Code
02144

Purpose of Disbursement
Voided Contribution of 10/14/09

Candidate Name
Rep. Michael E. Capuano

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 08

Transaction ID: D94087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-4000.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)